

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF
COMMITTEE (in full)☐(Check if name
is changed)Example: If typing, type
over the lines

12FE4M5

Dominos Pizza LLC Political Action Committee (Dominos Pizza PAC)

ADDRESS (number and street)

30 Frank Lloyd Wright Drive☐(Check if address
is changed)**Ann Arbor****MI****48106**

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

Michele K Dempsey@Comerica.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

M M
0 7/ D D
2 5/ Y Y Y Y
2 0 0 7

3. FEC IDENTIFICATION NUMBER

C C00366088

4. IS THIS STATEMENT

☐

NEW (N)

OR

☒

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

Jeffrey D. Lawrence

Signature of Treasurer

Electronically Filed by **Jeffrey D. Lawrence**

Date

M M
0 7/ D D
2 5/ Y Y Y Y
2 0 0 7

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of
CandidateCandidate
Party AffiliationOffice
Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate

- (d) ☐ This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) ☒ This committee is a separate segregated fund

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Dominos Pizza LLC

Mailing Address

30 FRANK LLOYD WRIGHT DRIVE

ANN ARBOR

MI

48106

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

CONNECTED

Type of Connected Organization:

- ☒ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

Dominos Pizza LLC Political Action Committee (Dominos Pizza PAC)

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **COMERICA BANK, PAC SERVICES**

Mailing Address **P.O. BOX 75000**

MC 2250

DETROIT **MI** **48275** - **2250**

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

RECORDKEEPER **248** **371** **7270**

Telephone number

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **JEFFREY D. LAWRENCE**

Mailing Address **30 FRANK LLOYD WRIGHT DRIVE**

ANN ARBOR **MI** **48106** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

TREASURER **734** **930** **3205**

Telephone number

Full Name of Designated Agent **MICHELLE HOOK**

Mailing Address **30 FRANK LLOYD WRIGHT DRIVE**

ANN ARBOR **MI** **48106** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

ASST. TREASURER **734** **930** **3583**

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

	COMERICA BANK		
Mailing Address	PAC SERVICES, MC 2250		
	P.O. BOX 75000		
	DETROIT	MI	48275 - 2250
	CITY ▲	STATE ▲	ZIP CODE ▲

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

☐

Corporation

☐

Corporation w/o Capital Stock

☐

Labor Organization

☐

Membership Organization

☐

Trade Association

☐

Cooperative

[ADDITIONAL]

ZIP CODE ▲

Telephone number _____ - _____ - _____